JULIETTE MANOR
169 E HURON ST

BERLIN 54923 Phone:(920) 361-3092 Operated from 1/1 To 12/31 Days of Operation: 366

Operated from 1/1 To 12/31 Days of Operation: 366
Operate in Conjunction with Hospital?
Number of Beds Set Up and Staffed (12/31/04): 81
Total Licensed Bed Capacity (12/31/04): 81
Number of Residents on 12/31/04: 80

Ownership:
Highest Level License:
Operate in Conjunction with CBRF?
Title 18 (Medicare) Certified?
Title 19 (Medicaid) Certified?
Average Daily Census:

Non-Profit Corporation

Skilled

No

Yes

Yes

75

Services Provided to Non-Residents		Age, Gender, and Primary Di	Length of Stay (12/31/04) %					
Home Health Care	No	Primary Diagnosis	*	Age Groups	%	Less Than 1 Year	46.3	
Supp. Home Care-Personal Care	No					1 - 4 Years	40.0	
Supp. Home Care-Household Services	No	Developmental Disabilities	1.3	Under 65	2.5	More Than 4 Years	13.8	
Day Services	No	Mental Illness (Org./Psy)	30.0	65 - 74	12.5			
Respite Care	No	Mental Illness (Other)	5.0	75 - 84	27.5		100.0	
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	46.3	*********	*****	
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	0.0	95 & Over	11.3	Full-Time Equivalent		
Congregate Meals No		Cancer	3.8			Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0	İ	100.0	(12/31/04)		
Other Meals	No	Cardiovascular	17.5	65 & Over	97.5			
Transportation	No	Cerebrovascular	7.5			RNs	9.4	
Referral Service	No	Diabetes	2.5	Gender	%	LPNs	6.3	
Other Services	No	Respiratory	5.0			Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	27.5	Male	27.5	Aides, & Orderlies	39.0	
Mentally Ill	No			Female	72.5			
Provide Day Programming for		İ	100.0	İ				
Developmentally Disabled	No	İ		İ	100.0	į		
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## Method of Reimbursement

		edicare			Medicaid 'itle 19			Other			Private Pay	2		amily Care			anaged Care	Į.		
Level of Care	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	Of
Int. Skilled Care	0	0.0	0	2	3.8	133	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	2.5
Skilled Care	11	100.0	302	47	90.4	114	1	100.0	152	16	100.0	149	0	0.0	0	0	0.0	0	75	93.8
Intermediate				3	5.8	95	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	3	3.8
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care							0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt O	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	11	100.0		52	100.0		1	100.0		16	100.0		0	0.0		0	0.0		80	100.0

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Admissions, Discharges, and		Percent Distribution	n of Residents'	Condit	ions, Services,	and Activities as of 12/	31/04			
Deaths During Reporting Period										
				9	% Needing		Total			
Percent Admissions from:		Activities of	%	Ass	sistance of	% Totally	Number of			
Private Home/No Home Health	7.6	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	0.0	Bathing	0.0		56.3	43.8	80			
Other Nursing Homes	0.5	Dressing	17.5		62.5	20.0	80			
Acute Care Hospitals	91.0	Transferring	23.8		50.0	26.3	80			
Psych. HospMR/DD Facilities	0.0	Toilet Use	20.0		48.8	31.3	80			
Rehabilitation Hospitals	0.0	Eating	67.5		15.0	17.5	80			
Other Locations	0.9	*******	* * * * * * * * * * * * * * * *	*****	*****	* * * * * * * * * * * * * * * * * * * *	******			
Total Number of Admissions	211	Continence		%	Special Treat	ments	%			
Percent Discharges To:		Indwelling Or Extern	nal Catheter	10.0	Receiving Re	espiratory Care	13.8			
Private Home/No Home Health	51.0	Occ/Freq. Incontiner	nt of Bladder	60.0	Receiving Tr	racheostomy Care	0.0			
Private Home/With Home Health	9.2	Occ/Freq. Incontiner	nt of Bowel	32.5	Receiving St	uctioning	1.3			
Other Nursing Homes	2.9				Receiving O	stomy Care	3.8			
Acute Care Hospitals	6.3	Mobility			Receiving To	ube Feeding	7.5			
Psych. HospMR/DD Facilities	0.5	Physically Restraine	ed	6.3	Receiving Me	echanically Altered Diets	37.5			
Rehabilitation Hospitals	0.0									
Other Locations	7.3	Skin Care			Other Resident	t Characteristics				
Deaths	22.8	With Pressure Sores		5.0	Have Advance	e Directives	100.0			
Total Number of Discharges		With Rashes		1.3	Medications					
(Including Deaths)	206				Receiving Pa	sychoactive Drugs	55.0			

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This	Other :	Hospital-		All
	Facility	Based Facilities		Fac	ilties
	%	용	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	91.2	91.7	1.00	88.8	1.03
Current Residents from In-County	55.0	85.3	0.65	77.4	0.71
Admissions from In-County, Still Residing	10.9	14.1	0.77	19.4	0.56
Admissions/Average Daily Census	281.3	213.7	1.32	146.5	1.92
Discharges/Average Daily Census	274.7	214.9	1.28	148.0	1.86
Discharges To Private Residence/Average Daily Census	165.3	119.8	1.38	66.9	2.47
Residents Receiving Skilled Care	96.3	96.2	1.00	89.9	1.07
Residents Aged 65 and Older	97.5	90.7	1.07	87.9	1.11
Title 19 (Medicaid) Funded Residents	65.0	66.8	0.97	66.1	0.98
Private Pay Funded Residents	20.0	22.6	0.89	20.6	0.97
Developmentally Disabled Residents	1.3	1.4	0.91	6.0	0.21
Mentally Ill Residents	35.0	32.7	1.07	33.6	1.04
General Medical Service Residents	27.5	22.0	1.25	21.1	1.31
Impaired ADL (Mean)*	51.3	49.1	1.04	49.4	1.04
Psychological Problems	55.0	53.5	1.03	57.7	0.95
Nursing Care Required (Mean)*	8.8	7.4	1.18	7.4	1.18